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CONFIRMATION NO. 6163

SERIAL NUMBER 10/529,519	FILING OR 371(c) DATE 08/24/2005 RULE	CLASS 514	GROUP ART UNIT 1623	ATTORNEY DOCKET NO. 10103-015-999 (CAM: 05292)
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APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/US03/30409 09/25/2003
 which claims benefit of 60/414,687 09/27/2002

**** FOREIGN APPLICATIONS *********** SMALL ENTITY ****

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

20583

TITLE

Methods and compositions for the treatment of autoimmune disorders using clofarabine

FILING FEE RECEIVED 890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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